



SAMPLE ACKNOWLEDGEMENT

2218 Railroad Avenue
Redding, CA 96001-2504
(530) 243-7234

Report To:

BREESE II WATER SYSTEM
AUTUMN WALKER
PO Box 9062
RED BLUFF, CA 96080

Invoice To:

28-100059
BREESE II WATER SYSTEM
AUTUMN WALKER
PO Box 9062
RED BLUFF, CA 96080

Phone: 530-209-2748
Email: breeewater@gmail.com

Phone: 530-209-2748
Email: breeewater@gmail.com

Pace Project Manager: Nikki Peterson
(530) 243-7234
reddingclientservices@pacelabs.com

Client Project ID: [none]
Client PO#:

Pace Analytical Project ID: 26H0461
Samples Received: 08/19/2026 13:32 PM
Estimated Completion: 09/02/2026 23:00 PM

CC:
Client Specified QC Sample(s):

Customer Sample ID	Pace Analytical Lab ID	Matrix	Date/Time Collected	Method
120 Gurnsey Drive	26H0461-01	Drinking Water	08/19/2026 11:04 AM	Field Sampling Fee Route Sampling Fee SM 9223 B Colilert-18 Colilert-18 Total Coliform & E.coli P/A
Well 1	26H0461-02	Ground Water	08/19/2026 11:19 AM	SM 9223 B Colilert-18 Total Coliform / E.coli. Quantitray - Colilert-18

Please contact your project manager if you recognize any discrepancy in this form or have any questions about your project.

Confidentiality Statement: The Parties agree that they will take all reasonable precautions to prevent the unauthorized disclosure of any proprietary or confidential information of each other and that they will not disclose such information except to those employees, subcontractors, or agents who have expressly agreed to maintain confidentiality.



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Analyte List

Customer Sample ID	Method	Compound	MRL	Units
120 Gurnsey Drive	SM 9223 B Colilert-18	E. Coli		Present/Absent
		Total Coliforms		Present/Absent
Well 1		E. Coli	1	MPN/100 ml
		Total Coliforms	1	MPN/100 ml

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PACE® - CHAIN OF CUSTODY (FOR DRINKING WATER - MICROBIOLOGY)

LABORATORY WORK ORDER # 26H0461

PAGE 1 OF 1

CLIENT NAME BREESE II WATER SYSTEM

PROJECT NAME DRINKING WATER MONITORING

PROJECT 5200008 TEHAMA

MAILING ADDRESS PO BOX 9062 RED BLUFF, CA 96080

INVOICE TO SAME

SPECIAL INSTRUCTIONS / PO# CC REPORTS TO MIKE BUTLER

CONTACT FOR POSITIVE RESULTS: Name: Autumn Walker Phone: 530-209-2748 Alt. contact for positive results: Name: Storm Craig Phone: 530-736-5947 Weekend contact for positive results: Name: Mike Butler Phone: 530-680-7079

REPORT TO: NAME / ATTENTION Autumn Walker PHONE 530-527-0170 EMAIL breesewater@gmail.com REGULATORY AGENCY Tehama Co Environmental Health

TURN AROUND TIME REQUESTED: [X] Standard [] Rush

ANALYSES REQUESTED: Field Chlorine Residual (mg/L), Total Coliforms / E. coli (Present / Absent), Total Coliforms / E. coli (Enumerated - Quanti-Tray)

NUMBER OF CONTAINERS: 1

REGULATORY ID / SOURCE CODE (if Applicable): CA5200008_001_001

SAMPLING / ANALYSIS COMMENTS: Total Coliform/E. coli method used is SM 9223B, unless otherwise noted.

SAMPLED BY: (please print) Michael Hetzler / Pace Analytical - Redding

RELINQUISHED DATE / TIME: 08/19/26 1332

PER AUTHORIZATION AGREEMENT

DATE 8/19/26 1332

SIGNATURE

RECEIVED BY

RECEIVED BY

RECEIVED BY LAB

For Official Lab Comments Only

*SAMPLE TYPE CODES (NR = Non-Regulated)

1 - Routine

2 - Repeat

3 - Replacement

5A - Source Groundwater

5B - Source Surface Water

6 - Other (Sent to Regulator)



SAMPLE RECEIPT CHECKLIST

WO NUMBER

2040461

Samples Received Via:

 Fed-Ex ☐ Client Walk-In ☐ Courier ☐
 UPS ☐ Pace Field Service ☒ Other ☐

 Samples Received By: JL Date: 8/9/24 Time: 1332

 Are samples for regulatory compliance? Yes ☒ No ☐

THERMAL PRESERVATION

 Were samples received in a cooler? Yes ☒ No ☐ If no, take temperature of representative sample container and record below.
 If no, do they require thermal preservation? Yes ☐ No ☐ If no, why not? Non-regulatory ☐ Not Required by Method ☐
 Samples received on ice? Yes ☒ No ☐ Ice type? Wet ☐ Ice Packs ☒ Other _____
 Samples received the same day collected? Yes ☒ No ☐

 Therm. ID (Circle one): Therm-36(IR) Therm-59(IR) Therm-72(IR) Therm-73(IR) Therm-C01(IR) Therm-C02(IR) Other: _____

 Cooler #1 Init. Temp °C 14.7 Correction °C +0.5 Corrected Temp °C 14.2

Cooler #2 Init. Temp °C _____ Correction °C _____ Corrected Temp °C _____

Cooler #3 Init. Temp °C _____ Correction °C _____ Corrected Temp °C _____

No Cooler - Representative Sample Temperature: Init. Temp °C _____ Correction °C _____ Corrected Temp °C _____

 Do samples received meet thermal preservation requirements? Yes ☒ No ☐ N/A ☐

Thermal Preservation Notes/Discrepancies/Nonconformances:

SAMPLE CONDITION AND PROCESSING

 Do all sample IDs on labels match the COC? Yes ☒ No ☐
 Custody seals present? Yes ☐ No ☐ N/A ☒
 Samples in proper containers? Yes ☐ No ☐
 Sample containers damaged? Yes ☐ No ☒
 Sufficient sample volume for indicated tests? Yes ☒ No ☐
 Samples received with sufficient holding time? Yes ☒ No ☐
 Are VOA vials free of headspace? Yes ☐ No ☐ N/A ☒

CHEMICAL PRESERVATION

 Were the sample containers received with labels that indicate that appropriate preservatives were present for the indicated tests? Yes ☐ No ☐ N/A ☒
 Were samples received properly dechlorinated? Yes ☐ No ☐ N/A ☐ For Dechlorination checks done by analysts, were dechlor. agent labels present? Yes ☒ No ☐
 Are any of the pH verification checks or dechlorination checks being performed by a subcontract laboratory? Yes ☐ No ☐ N/A ☒
 Preservation checked by Sample Receiving? Initials _____ Date & Time _____ Test Strip (ID _____)
 If preservative(s) were added by Sample Receiving, where they added at the same time as pH verification? Yes ☐ No ☐ N/A ☐ If no, Date & Time _____

H2SO4 preserved samples confirmed to pH <2 (i.e., E350.1, SM5220, SM5310)?

 Yes ☐ No ☐ NA ☐

HNO3 preserved samples confirmed to pH <2 (i.e., E200.7, E200.8, 6010)?

 Yes ☐ No ☐ NA ☐

NaOH preserved samples confirmed to pH >10 (cyanide) or >9 (sulfide)?

 Yes ☐ No ☐ NA ☐

 Added upon sample receipt? Yes ☐ No ☐

 Were any additional preservatives added after receipt because of a failed pH verification? Yes ☐ No ☐ Initial pH: _____ Final pH: _____

 If yes, is addition of preservatives allowed by the method? Yes ☐ No ☐ Were additional preservatives added on the date of sampling? Yes ☐ No ☐

List preservatives added at receipt:

Type: _____ Volume Added: _____ ID: _____ Type: _____ Volume Added: _____ ID: _____

Type: _____ Volume Added: _____ ID: _____ Type: _____ Volume Added: _____ ID: _____

COMMENTS, DISCREPANCEIS, ANOMALIES, NONCONFORMANCES